

1525

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 62	
County <u>Cochise</u>	District <u>Sierrita</u>	ORIGINAL CERTIFICATE OF DEATH	
Town <u>Sierrita</u>	Or City <u>Sierrita</u>	County Registered No. 374	
No. <u>805</u>		Local Registrar's No. _____	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)		St. _____	
FULL NAME <u>Altogracia Pacheco</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>2</u>	Color or Race <u>White Indian</u>	SINGLE MARRIED WIDOWED OF DIVORCED	
DATE OF BIRTH <u>1859</u>	(Month) (Day) (Year)		
AGE <u>65</u>	If less than 1 day _____		
OCCUPATION <u>Housewife</u>			
(a) Trade, profession or particular kind of work			
(b) General nature of industry, business, or establishment in which employed or (employer)			
BIRTHPLACE (State or country) <u>Mexico</u>			
PARENTS			
NAME OF FATHER <u>Mr. Juan</u>			
BIRTHPLACE OF FATHER (State or country) <u>Mexico</u>			
MAIDEN NAME OF MOTHER <u>Mr. Juan</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Mexico</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>Altogracia Pacheco</u>			
(Address) <u>Sierrita, Ariz.</u>			
PLACE OF BURIAL OR REMOVAL <u>Sierrita, Ariz.</u>		DATE OF BURIAL OR REMOVAL <u>June 27</u> 191 <u>9</u>	
UNDERTAKER <u>J. J. Jones</u>		ADDRESS <u>Sierrita</u>	
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>June 26</u> 191 <u>9</u>			
(Month) (Day) (Year)			
I hereby certify, that I attended deceased from <u>6/24</u> 191 <u>9</u> to <u>6/26</u> 191 <u>9</u> ; that I last saw h. <u>alive</u> on <u>6/25</u> 191 <u>9</u> ; and that death occurred on the date stated above at <u>8:15 P.M.</u> The DISEASE or INJURY causing death was as follows: <u>Cerebral Hemorrhage</u>			
(Duration) _____ yrs. _____ mos. _____ days			
Was disease contracted in Arizona? <u>yes</u>			
If not, where? _____			
CONTRIBUTORY _____			
(Duration) _____ yrs. _____ mos. _____ days			
(Signed) <u>J. J. Jones</u>			
<u>6/26</u> 191 <u>9</u> (Address) <u>Sierrita, Ariz.</u>			
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE _____			
At place of death _____ yrs. _____ mos. _____ ds. In Arizona? <u>yes</u>			
Former or Usual Residence _____			
Filed <u>6/26</u> 191 <u>9</u>			
Local Registrar <u>H. Reese</u>			
County Registrar <u>Pacheco</u>			